

Date: _____

ESTATE PLANNING INFORMATION FORM

PART I. PERSONAL AND FAMILY DATA

A. Client's Legal Name: _____
First Middle Last

Address: _____
Street City State Zip

Phone: Home _____ Office _____ Cell _____

email address _____

Birth Date: _____ S.S.N. _____ U.S. Citizen? yes no

Occupation/Employer: _____

Marital Status: single married co-habiting widowed divorced

Date of this Marriage: _____

Previously Married: yes Widow/Widower or divorced no

B. Spouse/Companion's Legal Name: _____
First Middle Last

Address: _____
Street City State Zip

Phone: Home _____ Office _____ Cell _____

email address _____

Birth Date: _____ S.S.N. _____ U.S. Citizen? yes no

Occupation/Employer: _____

Marital Status: single married co-habiting widowed divorced

Date of this Marriage: _____

Previously Married: yes Widow/Widower or divorced no

C. Children yes no

Child #1 Full Legal Name _____ Date of Birth _____

Grandchildren's Names **Parents** **Ages**

Child #2 Full Legal Name _____ Date of Birth _____

Grandchildren's Names **Parents** **Ages**

Child #3 Full Legal Name _____ Date of Birth _____

Grandchildren's Names **Parents** **Ages**

Child #4 Full Legal Name _____ Date of Birth _____

Full Legal Name _____ Date of Birth _____

Grandchildren's Names **Parents** **Ages**

D. Professional Advisors

	Name	Address
Attorney	_____	_____
Accountant	_____	_____
Bank Officer	_____	_____
Financial Planner	_____	_____
Insurance Agent	_____	_____
Stock Broker	_____	_____
Personal Physician	_____	_____
Personal Physician	_____	_____
Specialist Physician	_____	_____
Other	_____	_____

E. Important Family Questions

(Please check "Yes" or "No" for your answer)	Yes	No
Do you have a child with a learning disability?		
Do any of your children receive governmental support or benefits?		
Do you have adopted children?		
Do any of your children have special educational, medical, or physical needs?		
Are any of your children institutionalized?		
Are you or your spouse receiving social security, disability, or other governmental benefits?		
Do you provide primary or other major financial support to adult children?		
Are you making payments pursuant to a divorce or property settlement agreement? <i>(please furnish a copy)</i>		

Have you or your spouse ever signed a pre- or post-marriage contract? <i>(please furnish a copy)</i>		
Have you or your spouse been widowed? <i>(If a federal estate tax return or a state death tax return was filed, please furnish a copy)</i>		
Have you or your spouse ever filed federal or state gift tax returns? <i>(please furnish copies of these returns)</i>		
Have you or your spouse completed previous will, trust, or estate planning? <i>(please furnish copies of these documents)</i>		

PART II. ESTATE INFORMATION

A. General Information

How long have you lived in Missouri? _____

What is the size of your estate, roughly? (Including life insurance death benefits payable to you or your estate)

- \$0-750,000 \$750,000 - \$1,500,000 Over \$5,000,000
 \$1,500,000 - \$3,000,000 Over \$3,000,000 Over \$10,000,000

Do you or your spouse own life insurance policies? yes no *If so, please complete the Life Insurance portion on the Summary of Assets.*

Do you or your spouse own long term health care insurance policies? yes no

Have you or your spouse made any gifts over \$10,000 in the last three years?

yes no

Do you have a safe deposit box? yes no *If so, state location and who has access to the box* _____

Who referred you to Checkett & Pauly for estate planning? _____

B. Prior Documents: Have you or your spouse executed (*please provide copies*)

- A Will? yes no
- A Revocable Living Trust? yes no
- An Irrevocable Life Insurance Trust? yes no
- A Charitable Trust? yes no
- A Power of Attorney? yes no
- A Pre-marital or Post-marital Agreement? yes no
- Living Will (Directive to Physicians)? yes no
- Durable Power of Attorney for Health Care? yes no
- An Advance Health Care Direction or Living Will? yes no

PART III. SPECIAL CONSIDERATIONS

Are there any especially important (or unusual) estate planning objectives (or problems) for you or your spouse? _____

Are there any persons (other than minor children) partially or wholly dependent upon you or your spouse for support now or possibly in the future? _____

Do you, your spouse, or children have any special needs or concerns? _____

Are you or your spouse likely to receive any inheritances over \$100,000 in the future?

- yes no

Do you have any particular areas of charitable interest? _____

What are your primary goals in estate planning? (*Use extra page if necessary*) _____

What is your plan for paying for Long Term Care if it's needed? _____

PART IV. NOMINATIONS

You will want to decide who will assist you if you become disabled or when you die. We will discuss these “helpers” at length during our initial meeting. For now, begin giving some thought to whom you trust to fill the following roles:

A. Trustees. Trustees are the “quarterbacks” or “managers” of your living trust and you will be the initial trustee of your living trust. If you become unable to unwilling to serve as trustee, then Successor Trustees step in and assume certain roles in the administration of your trust. There are two different roles for your Successor Trustees: Disability Trustee(s) who will manage your personal and financial affairs and see to your physical care if you become mentally incapacitated. (Family members or close friends are suggested). Death Trustee(s) administers your trust after your death, settling your estate and distributing your assets under the terms of your trust. (A corporate or professional trustee is suggested, serving together as co-Trustee with a family member). Who will be your first and second Trustee? _____

B. Personal Representative (Executor): Is the person who settles your estate in case your Will has to be probated. The Personal Representative can be a spouse, trusted friend, family member, corporate fiduciary or bank. Whom do you wish to carry out the terms of your Will? Who will be your first and second Trustee? _____

C. Attorney-in-Fact: Whom do you wish to handle your personal financial affairs during life should you become mentally incapacitated? Many times this person (or persons) is the same as your disability trustees. Who will be your first and second Trustee? _____

D. Agent Responsible for Health Care Decisions: you will have the opportunity to execute an Advance Directive for Health Care. The Advance Directive is a legal document authorized under state statute that allows you to let health care providers and your family know your wishes about the use of life support systems and feeding tubes if your condition is terminal. You may also appoint agents to make health care decisions for you if you are unable to do so. Your agent is authorized to select physicians, determine medications and treatment, admit you into a hospital or nursing home, and, if you wish, make life support decisions if you are terminally ill. Who will be your first and second agent for health care directive? _____

PART V. DISTRIBUTION OF ESTATE

You will also need to decide how you want your estate distributed in the event of your death, which we will discuss in our meetings. There are four basis strategies to distribute an estate and each one offers a level of asset and creditor protection.

1. Outright distributions—No asset protection
2. Convenience Trust—The beneficiary is the trustee or co-trustee and has ready access to the money.
3. Staggered Distributions—Fixed amounts or percentages are paid out from the trust when the beneficiary reaches certain ages.
4. Lifetime Trust—The inheritance is kept in trust and administered on the beneficiaries behalf by trustees. They never get their hands on the money.

Consider that you may have certain possessions that your spouse or children may not appreciate as much as would a friend or a sibling. If you would like specific items or personal property to go to certain persons, list those items under “A. Specific Bequests.”

A. Specific Bequests (items of a personal nature):

1. _____
2. _____
3. _____

Do you wish to make any charitable bequests? List any special gifts to charities and specify if you are leaving the charity a percentage of your entire estate, or a gift of a specific dollar amount or item.

B. Charitable Bequests (attach additional pages if necessary):

	Name of Organization	Address	Percentage / Amount / Item
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

C. Remainder of Estate (attach additional pages if necessary):

	Person or Institution	Address	Percentage
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

THE *PERSONAL ASSET* INFORMATION CHECKLIST

REAL PROPERTY

TYPE: Land, buildings, homes. Where you have either a deed or land contract interest (land or buildings) that you own in partnership with someone else you should list those under the "Partnership Interests" section. If two or more names are on a deed or a contract that does not state the type of ownership, please use "?"

EVIDENCE OF TITLE: Deed, land contract, or tax assessment.

General Description and/or Address	Owner	Fair Market Value	Mortgage
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
TOTAL			\$ _____

CASH ACCOUNTS

TYPE: Checking Account "CA," Savings Account "SA," Certificates of Deposit "CD"

EVIDENCE OF TITLE: Signature card or the document you signed to set up the account.

Name of Institution	Type	Account Number	Owner	Amount
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
TOTAL				\$ _____

Note: If Account is in your name (or your spouse's name) for the benefit of a minor, please specify and give minor's name.

INVESTMENT ACCOUNTS, STOCKS, AND MUTUAL FUNDS

TYPE: Money Market "MM," Investment "I," Cash Management ("CM," or other account that is in a street name (*indicate type below*).

EVIDENCE OF TITLE: The document you signed to set up the account.

Name of Brokerage Firm	Type	Account Number	Owner	Amount
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
TOTAL				\$ _____

PERSONAL EFFECTS

TYPE: Major personal effects such as motor vehicles, boats and personal watercraft, jewelry, collections, antiques, furs, and all other valuable nonbusiness personal property (*Indicate type below and give a lump sum value for miscellaneous, less valuable items*).

EVIDENCE OF TITLE: Registration or title issued by your state, bill of sale, receipt, cancelled check, or source of cash to purchase property, gift tax return, or inheritance tax return if you received property by gift or inheritance.

Type	Owner	Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
TOTAL		\$ _____

RETIREMENT PLANS

TYPE: Pension (P), Profit Sharing (PS), H.R. 10, IRA, 401(k) *(Indicate type below).*

EVIDENCE OF TITLE: Summary plan description, documents you signed to set up the plan, account statement, beneficiary designation.

Type of Plan	Company	Owner upon your Death	Beneficiary	% Vested	Value
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____

LIFE INSURANCE POLICIES AND ANNUITIES

TYPE: Term, whole life, split dollar, group life, annuity *(Indicate type of policy below. If a corporation or company owns the policy or pays the premium on the policy, write "Corporation").*

LIFE INSURANCE POLICIES:

Company _____
 Policy Number _____ Type _____
 Insured _____
 Primary beneficiary _____
 Second beneficiary _____
 Owner _____ Who pays premium _____
 Face Amount \$ _____ Cash Value \$ _____
 Amounts of loan on policy _____

Company _____
 Policy Number _____ Type _____
 Insured _____
 Primary beneficiary _____
 Second beneficiary _____
 Owner _____ Who pays premium _____
 Face Amount \$ _____ Cash Value \$ _____
 Amounts of loan on policy _____

ANNUITIES:

Company _____
 Policy Number _____ Type _____
 Insured _____
 Primary beneficiary _____
 Second beneficiary _____
 Owner _____ Who pays premium _____
 Face Amount \$ _____ Cash Value \$ _____
 Amounts of loan on policy _____

BUSINESS & PROFESSIONAL INTERESTS

TYPE: Small businesses that you own.

EVIDENCE OF TITLE: Stock certificates, minute book, share registry.

Company	No. of Shares	Buy/Sell Agreement	Percentage Ownership	Owner	Value
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
				TOTAL	\$ _____

